ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premiur	m or rate level produced by rate revision effective	03/15/05 (new); 04/29/05 (renewals)
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Privat Passenger Commerci Automobile Physical Dam	alage	
Private Passenger Co 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass	mmercial \$37,878	-20.7%
6. Fidelity 7. Surety 8. Boiler and Machinery		
 Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril 	\$296,347 \$132,050	+17.7% +12.6%
14. Crop Hail 15. Other	\$466,275	+13.2%
Brief description of filing. (If fill Revising Dwelling Fire and D	in territory (territories) or certain classes? If so, sp ing follows rates of an advisory organization, spec welling Liability base rates. Rates based off ISO ling Fire is a total of the other three lines.	sify organization):
	ium level which will result from application of new	MCO Insurance Company
DIVISION OF STATE OF ILL	9 2005	Name of Company stwood, CPCU State Filings Manager Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	03/15/05 (new); 04/29/05 (renewals)
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		_
2. Automobile Physical Damage		:
Private Passenger Commercial _		
3. Liability Other Than Auto	\$16,611	<u>-20.9%</u>
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		47.40
9. Fire	\$122,361	+17.4% +12.9%
10. Extended Coverage	\$61,190	<u> </u>
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	#200.460	+12.9%
15. Other Dwelling Fire	\$200,162	
Does filing only apply to certain territory (see Brief description of filing. (If filing follows and See See See See See See See See See Se	rates of an advisory organization, specify	organization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level with	hich will result from application of new rat	tes.
	Allied Property	and Casualty Insurance Company
		Name of Company
DIVISION OF INSTATE OF ILLING	DIS/IDEPR	ood, CPCU- State Filings Manager Official - Title

JUN 0 9 2005

SPRINGFIELD, ILLINOIS

•	Change in Company's premium or ra	te level produced by rate revision effective	12% 22005
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		494
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Med. Prof. Liab. Line of Insurance	\$346,779 (2003)	+ 12.3%
Does f		territories) or certain classes? If so, specify:	
	description of filing. (If filing follow and Rule change filing for CRNA pr	es rates of an advisory organization, specify or cofessional liability.	
	<u> </u>		
** C	djusted to reflect all prior rate chang hange in Company's premium level v		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JAN 2 4 2005

SPRINGFIELD, ILLINOIS

H29219D

VIA SERFF

American Casualty Company of Reading, PA

Name of Company

Sharon Robinson - VP, HealthPro

Actuarial

Official - Title

Change in Company's premium or rate level produced by rate revision effective $\frac{10/1/05 \text{ NB}}{11/15/05 \text{ RL}}$

	<u>Coverage</u>	Annual Premium <u>Volume (Illinois)*</u>	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		٠.
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5	Glass		
6	Fidelity		
7 .	Surety		•
8	Boiler and Machinery		Y
9.	Fire		:
10.	Extended Coverage		
11	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other	\$557,633	7.0%
Does No.	filing only apply to certain territory (terr	itories) or certain classes? If so,	specify:
Brief (description of filing. (If filing follows rate		
	description of filing. (If filing follows rate		
Rates	s and Rules changes. For description, see a	nctuarial memorandum.	
Rates	s and Rules changes. For description, see a	actuarial memorandum. Per De	
Rates	s and Rules changes. For description, see a	actuarial memorandum. Per De	ecify organization):
Rates	s and Rules changes. For description, see a	actuarial memorandum. Per De	

Change in Company's premium or rate level produced by rate revision effective $\frac{10/1/05 \text{ NB}}{11/15/05 \text{ RL}}$

	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2	Automobile Physical Damage	,	
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7 .	Surety		
8.	Boiler and Machinery		
9	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12 .	Homeowners		
13	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other	\$42,950	7.1%
No. Brief	filing only apply to certain territory (te description of filing. (If filing follows ra and Rules changes. For description, see e premium adjusted to reflect all prior rate of the in Company's rate level which will result	ates of an advisory organization, sp e actuarial memorandum. August changes	ecify organization):
	,	man approact of how rates. Does in	ar included information
n prei	mium due to increased coverage		
n prei		Centennial Ins. Co.	
n prei		Centennial Ins. Co. (Name of Company)	· · · · · · · · · · · · · · · · · · ·

Change in Company's premium or rate level produced by rate revision effective 08/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Farm ranch Line of Insurance	0	0

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
See Filing Memorandum

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Charter Oak Fire Insurance Company

Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFES.

JUN 2 4 2005

Second Vice President

Official - Title

SPRINGFIELD, ILLINOIS

(Change in Company's premium or rate	e level produced by rate revision effective	March 1, 2005
	(1)	(2)	(3)
	,	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Malpractice	1,589,036	-10.1%
	Line of Insurance		
	iling only apply to certain territory (te	rritories) or certain classes? If so, specify:	
No.			
			·
		rates of an advisory organization, specify of	organization):
Pleas	e see enclosed memorandum.		
			
	diusted to reflect all prior rate changes		

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR RECEIVED

MAY 1 0 2005

SPRINGFIELD, ILLINOIS

Chicago Insurance Company Name of Company

Christopher Roe – Vice President
Official - Title

	Change in	Company's premium or rat	te level produced by rate revision effective	July 1, 2005
		(1)	(2)	(3)
		Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.		obile Liability		
		e Passenger		
		nercial		
2.		obile Physical Damage		
		e Passenger		
		nercial		
3.		y Other Than Auto		
4.		ry and Theft		
5.	Glass			
6.	Fidelity	<i>!</i>		
7.	Surety			
8.		and Machinery		
9.	Fire			
10.		ed Coverage		
11.	Inland :			· · · · · · · · · · · · · · · · · · ·
12.	Homeo			
13.		ercial Multi-Peril		
14.	Стор Н			
15.	Other	Dieticians Prof. Liab.	\$47,770	-11.8%
		Line of Insurance		
Daga	filma onle	amalu ta aantain tannitamu (t	erritories) or certain classes? If so, specify:	
N/A	illing only	appry to certain territory (to	entiones) of certain classes? If so, specify:	
17/1				
Drief.	description	n of filing (If filing follows	s rates of an advisory organization, specify o	arganization).
			f -11.8% for the American Dieticians Associ	
1 1113	ming rep	osems a base rate change of	11.070 for the Timerican Dicticians Associ	unon.
				

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 0 2 2005

SPRINGFIELD, ILLINOIS

Chicago Insurance Company
Name of Company

Joseph Shores - Product Executive
Official - Title

H29219D

H29219D

SUMMARY SHEET

	Change in Con	npany's premium or rate	level produce	d by rate revision effectiv	ve0.3% UV J dUQV
		(1)		(2)	(3)
		(1)	Ann	ual Premium	Percent
	<u>Co</u>	<u>verage</u>	<u>Volu</u>	me (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile	Liability			
	Private Pas				
	Commercia				
2.	Automobile	Physical Damage			
	Private Pas				
	Commercia	al			
3.	Liability Otl	ner Than Auto			
4.	Burglary and	d Theft			
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and N	Machinery			
9.	Fire	•			
10.	Extended Co	overage			
11.	Inland Mari	ne			
12.	Homeowner	s			
13.	Commercial	Multi-Peril	\$985,970		-\$2,958 (-0.3%)
14.	Crop Hail	dia I Malora tian /-			
15.	Other _//	aral himbinonon			
Does i		ne of Insurance y to certain territory (terr	ritories) or ce	tain classes? If so, speci	fy:
Cont unde	inental Casualt r the Commerc	y Company (CCC) propo ial Multiple Peril line of	oses a change business. Rev		ofessional Program in Illinois filed tached and include the following
** C	hange in Comp	ct all prior rate changes. any's premium level whi cation of new rates.	ch will		
		DIVISION OF INSI STATE OF ILLINOIS IRECEIV	JRANCE //IDFPR	_Cor	ntinental Casualty Company Name of Company
		MAR 2 4 20	05		
				Can	ior VP
		SPRINGFIELD. IL	LIMOIS	3611	Official - Title
		aromytickálul, It	LINUIG		V1114101 1141V

SPRINGFIELD ILLINOIS

Change in Company's premium or rate level produced by rate Revision effective 11-15-05

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other FRP BOP	192518	-8.2%
	Line of Insurance		
	filing only apply to certain territory (is applicable only to our independ		
resta	urants meeting the elibility criteri	a	
We a	description of filing. (If filing followere revising our FRP rules to indicate the first section of the file of th	ate a Liability Class Group Re	lativity factor of 1.200 in
	e of the ISO factor for Class Group	32. Our additional factor ap	plicable to FKP restaurants
with	table service has been lowered.		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR
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JUN 2 1 2005

H29219I SPRINGFIELD, ILLINOIS

Name of Company

Nicki Jacobs, Research Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

6. Fidelity	
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity	
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto \$5,323 -21.1% 4. Burglary and Theft 5. Glass 6. Fidelity	
Private Passenger Commercial 3. Liability Other Than Auto \$5,323 -21.1% 4. Burglary and Theft 5. Glass 6. Fidelity	
3. Liability Other Than Auto \$5,323 -21.1% 4. Burglary and Theft	
4. Burglary and Theft	
6. Fidelity	
•	
7 Cush.	
7. Surety	
8. Boller and Machinery	
9. Fire \$36,712 +17.5%	
10. Extended Coverage \$20,360 +13.1%	
11. Inland Marine	
12. Homeowners	
13. Commercial Multi-Peril	
14. Crop Hail	·
Line of Insurance	
Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revising Dwelling Fire and Dwelling Liability base rates, Rates based off ISO Loss Cost filings DP-2003-RLA1 2003-RLA1. On line 15, Dwelling Fire is a total of the other three lines.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium-level which will result from application of new rates.	
Depositors Insurance Company	
Name of Company	
DIVISION OF INSURANCE Shelby J Westwood, CPCU- State Filings Man	nager
STATE OF ILLINOIS/IDFPR STATE OF ILLINOIS/IDFPR Official – Title	
JUN 0 9 2005	

SPRINGFIELD, ILLINOIS

	Change in Company's premium	or rate level produced by	rate revision effective 6/27/05	
		(2)	(3)	
		Annual Premium Volume (Illinois)	Percent Change (+ or -)	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto			
1.	Burglary and Theft			
5.	Glass		DIVISION OF INSUF	RANCE
). •	Fidelity		DIVISION OF INSUF	ED
7. S	Surety Relies and Marchines			l l
}.	Boiler and Machinery		JUN 2 1 2005	5
). 0.	Fire Extended Coverage			ĺ
0. 1.	Inland Marine			111010
1. 2.	Homeowners		SPRINGFIELD, ILL	INUIS
2. 3.	Commercial Multi-Peril		<u> </u>	······································
3. 4.	Crop Hail			
- . 5.	Other	112422	-1.1%	
٥.	Line of Insurance	112722	-1.170	
oe:	s filing only apply to certain territor	y (territories) or certain cl	asses? If so, specify: N/A	
			rganization, specify organization): _	
his	filing is a base rate decrease of -1	.1%	-	
			Hartford Accident and Indemn	iity Compai
	•		Name of Company	
			. tamo or company	,
			Official - Title	

	Change in Company's premium	or rate level produced by	rate revision effective	6/27/05
		(2)	(3)	
		Annual Premium	Percent	
		Volume (Illinois)	Change (+ or -)	
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			OF INSURANCE
	Private Passenger		- NUSION C	OF INDISIDEPH
	Commercial		STATEOF	OF INSURANCE COLUMN TO THE REPORT OF THE RESERVE CO.
3.	Liability Other Than Auto			1 2005
4.	Burglary and Theft		11/1/	2 1 2005
5.	Glass			_ 1
6.	Fidelity			LINOIS J
7.	Surety		CPRIN	GFIELD, ILLINOIS
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage		<u></u>	
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other	30918908	-1.1%	
	Line of Insurance			
Doe	s filing only apply to certain territor	ry (territories) or certain c	lasses? If so, specify:	N/A
				
Brie	f description of filing. (If filing follo	ows rates of an advisory o	rganization, specify org	anization):
This	filing is a base rate decrease of -	1.1%		
, , , , , ,				
				ty Insurance Company
			Name	e of Company
				Catal Tite
			Off	ficial - Title

	Change in Company's premium	or rate level produced by	rate revision effective	6/27/05
		(2)	(3)	
		Annual Premium	Percent	
		Volume (Illinois)	Change (+ or -)	
1.	Automobile Liability	<u> </u>		
	Private Passenger			
_	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
2	Commercial			
3.	Liability Other Than Auto			
4. 5.	Burglary and Theft Glass			DIVISION OF INCLUS
5. 6.	Fidelity			STATE OF ILLINOIS/IDEA
7.	Surety			DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
8.	Boiler and Machinery			JUN 2 1 2005
9.	Fire			2005
10.	Extended Coverage			_
11.	Inland Marine			PRINGFIELD. ILLINOIS
12.	Homeowners			- TIELINOIS
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other	4556277	-1.1%	
	Line of Insurance			
Doe	s filing only apply to certain territo	ry (territories) or certain c	elasses? If so, specify:	N/A
	f description of filing. (If filing follo		organization, specify orga	anization):
Ihis	filing is a base rate decrease of -	1.1%		
			Hartford Fire	Insurance Company
				of Company
				<u> </u>
			∩ff	icial - Title

	Change in Company's premium	or rate level produced by	rate revision effective	6/27/05
		(2)	(0)	
		(2) Annual Premium	(3) Percent	
		Volume (Illinois)	Change (+ or -)	
1.	Automobile Liability	Volume (minoloj	Onlinge (1 of 1)	-
	Private Passenger			
	Commercial		<u></u>	-
2.	Automobile Physical Damage			•
	Private Passenger			
	Commercial			•
3.	Liability Other Than Auto			•
4.	Burglary and Theft			
5 .	Glass			IVISION OF INSURANCE
6.	Fidelity		<u>-</u> _	STATE OF ILLINOIS/IDEPR
7.	Surety			
8.	Boiler and Machinery			JUN 2 1 2005
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			SPRINGFIELD, ILLINOIS
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other	831519	-1.1%	
	Line of Insurance			
_	au			
Doe:	s filing only apply to certain territor	y (territories) or certain cla	asses? If so, specify:	N/A
Rriet	description of filing. (If filing follo	we rates of an advisory or	agnization enosity are	onization).
Onci	description of ming. (If filling folio	WS Tales of all advisory of	ganization, specify orga	anization):
This	filing is a base rate decrease of -1	1%		
11110	g .0 a 2a30 tato a 0010a30 01 1	. 1 70		
			Hartford Insurar	ice Company of Illinois
	•			of Company
			1101110	
			Off	cial - Title

	Change in Company's premium	or rate level produced by	y rate revision effective	6/27/05
		(2)	(3)	
		Annual Premium	Percent	
		Volume (Illinois)	Change (+ or -)	
1.	Automobile Liability			-
	Private Passenger			
	Commercial			•
2.	Automobile Physical Damage			•
	Private Passenger			
	Commercial			•
3.	Liability Other Than Auto			
4.	Burglary and Theft			DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
5.	Glass			STATE OF ILLINOIS
6.	Fidelity			
7.	Surety			JUN 2 1 2005
8.	Boiler and Machinery			0011 = =
9.	Fire			
10.	Extended Coverage			SPRINGFIELD, ILLINOIS
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other	47117	-1.1%	
	Line of Insurance			
Doe	s filing only apply to certain territor	ry (territories) or certain cl	lasses? If so, specify:	N/A
	f description of filing. (If filing follo		rganization, specify orga	anization):
This	filing is a base rate decrease of -1	1.1%		
			Hartford Underwri	ters Insurance Company
	•			of Company
			IAGING	of Company
			Off	icial - Title

SUMMARY SHEET

•	Change in (Company's premium or rat	e level produced by rate revision effective	July 1, 2005
		(1)	(2)	(3)
		Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.		bile Liability Passenger ercial		
2.		bile Physical Damage Passenger ercial		
3.	Liability	Other Than Auto		
4.	•	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler ar	nd Machinery		
9.	Fire	·		
10.	Extended	d Coverage		
11.	Inland M	larine		
12.	Homeow	ners		
13.	Commer	cial Multi-Peril		
14.	Crop Ha	il		
15.	Other	Farmowners	1,277,775	— (4.9)
		Line of Insurance		
	ling only a		erritories) or certain classes? If so, specify:	
			rates of an advisory organization, specify oding Credit; Higher Deductible Options; Reductible Options; Reductible Options; Reductible Options; Reductible Options; Reductible Options; Reductions	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEBVED

JUN 2 7 2005

SPRINGFIELD, ILLINOIS

Hastings Mutual Insurance Co.
Name of Company

Dave D'Amour, Product Manager
Official - Title

H29219D

Filing Description:

Adding Higher Deductible Options, Adding a Special Constuction Outbuilding Credit, Upgrading the Senior Discount from 7% to 12% and lowering the age from 60 to 50, and reducing the grain in storage rate. The overall projected Rate Decrease is 4.9% (\$62,611).

Form (RF-3)

	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		DIVISION OF INSURANCE
9.	Fire		STATE OF ILLINOIS/IDFPR
10.	Extended Coverage		JUN 0 2 2005
11.	Inland Marine		2003
12.	Homeowners		SPRINGFIELD, ILLINOIS
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other: Personal and Farm Personal Liability	\$131,164 (12-31-2004)	0%
	Line of Insurance ling only apply to certain territory (pecify:	(territories) or certain classes? No	
	Terrain Vehicle Limited Liability C	rates of an advisory organization, overage and added rates for cont	specify organization): <u>Added ra</u> ract spraying of farm chemicals limi

IMT Insurance Company (Mutual)
Name of Company

Stephanie McBride, Filings Analyst, Research & Development

(1)		(2)	(2)
		Annual Premium	(3) Percent
Covera	de	Volume (Illinois)*	Change (+ or -) **
1. Automobile		VOIGINIO (IIII IOIO)	Gridings (* Gr.)
Private Page	<u>₹</u>		
Commerce	•	 	
	e Physical Damage		
• Private Pa	-		
• Commerc	•		
	her Than Auto		
•		***	
4. Burglary ar	na men		THE RESERVE THE PROPERTY OF THE PARTY OF THE
5. Glass			
6. Fidelity			
7. Surety	Machinen	-	
8. Boiler and 9. Fire	wachinery		-
	Coverage		
Extended (Inland Man	-		
1. Inland Mari	· · ·		
2. Homeowne			
3. Commercia	ai Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
4. Crop Hail		64 402 000	7 50/
	rsonal Liability	\$1,483,903	7.5%
(Line	e of Insurance)		
o, filing is app	licable to all territorie	tory (territories) or certain class. lows rates of an advisory org	
		iows rates of all advisory of	janization,
_	ation).		
ecify organiza		motor vehicle rates revise ii	nitial vouthful onerator rates
ecify organiza evise base <u>rat</u>	tes, revise additional	motor vehicle rates, revise in	

ILLINOIS DEPARTMENT OF INSURANCE

(1)	(2) Annual Premium	(3) Percent	
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage			
Liability Other Than Auto			
4. Burglary and Theft	<u> </u>	<u> </u>	
5. Glass	<u> </u>		
6. Fidelity	<u></u>		
7. Surety	<u> </u>		
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners 13. Commercial Multi-Peril	·		
14. Crop Hail			
15. Other <u>Line 11 - Med Mal (DDS)</u>	\$1,512,240	+5.0%	
Line of Insurance	Ψ1,012,210		
	territories) or certain classes? If so, specify:		
Brief description of filing. (If filing follows Company proposes a premium level inc increase of +2.0% and revised territories	rates of an advisory organization, specify: frease in the amount of +5.0%. This will be so f +2.9%. The company requests June 1	rganization): The Medical Protective	
Brief description of filing. (If filing follows Company proposes a premium level inc increase of +2.0% and revised territories	rates of an advisory organization, specify o	rganization): The Medical Protective	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission.	rates of an advisory organization, specify o rease in the amount of +5.0%. This will be s of +2.9%. The company requests June 1	rganization): The Medical Protective	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify o rease in the amount of +5.0%. This will be s of +2.9%. The company requests June 1	rganization): The Medical Protective	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify orease in the amount of +5.0%. This will be of +2.9%. The company requests June 1	rganization): The Medical Protective accomplished through a base rate , 2005, as the effective date of this	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify or rease in the amount of +5.0%. This will be sof +2.9%. The company requests June 1 which will result from application of new rates.	rganization): The Medical Protective	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify or rease in the amount of +5.0%. This will be sof +2.9%. The company requests June 1 mich will result from application of new rates. The Medic No.	rganization): The Medical Protective accomplished through a base rate 2005, as the effective date of this al Protective Company ame of Company Associate General Counsel	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes. **Change in Company's premium level w	rates of an advisory organization, specify organization, specify organization, specify organization, specify organization. This will be sof +2.9%. The company requests June 1 The Medical No. The Medical Phillip J. Troyer,	rganization): The Medical Protective accomplished through a base rate , 2005, as the effective date of this al Protective Company ame of Company	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes. **Change in Company's premium level w	rates of an advisory organization, specify o	rganization): The Medical Protective accomplished through a base rate 2005, as the effective date of this al Protective Company ame of Company Associate General Counsel	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes. **Change in Company's premium level with the state of illunois/idep	rates of an advisory organization, specify o	rganization): The Medical Protective accomplished through a base rate 2005, as the effective date of this al Protective Company ame of Company Associate General Counsel	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes. **Change in Company's premium level w	rates of an advisory organization, specify o	rganization): The Medical Protective accomplished through a base rate 2005, as the effective date of this al Protective Company ame of Company Associate General Counsel	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes. **Change in Company's premium level will prior the change in Company's premium level will be changed in Company's prior the change in Company's prior the c	rates of an advisory organization, specify o	rganization): The Medical Protective accomplished through a base rate 2005, as the effective date of this al Protective Company ame of Company Associate General Counsel	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes. **Change in Company's premium level with the state of illunois/idep	rates of an advisory organization, specify o	rganization): The Medical Protective accomplished through a base rate 2005, as the effective date of this al Protective Company ame of Company Associate General Counsel	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes. **Change in Company's premium level will prior the change in Company's premium level will be changed in Company's prior the change in Company's prior the c	rates of an advisory organization, specify o	rganization): The Medical Protective accomplished through a base rate 2005, as the effective date of this al Protective Company ame of Company Associate General Counsel	
Brief description of filing. (If filing follows Company proposes a premium level incincrease of +2.0% and revised territories submission. *Adjusted to reflect all prior rate changes. **Change in Company's premium level will prior the change in Company's premium level will be changed in Company's prior the change in Company's prior the c	rates of an advisory organization, specify organization, specify organization, specify organization, specify organization, specify organization, specify organization of his will be sof +2.9%. The company requests June 1 mich will result from application of new rates. The Medic Note Phillip J. Troyer, ICE	rganization): The Medical Protective accomplished through a base rate 2005, as the effective date of this al Protective Company ame of Company Associate General Counsel	

Change in Company's premium or rate level produced by rate revision effective October 15, 2005.

(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	<pre>Volume(Illinois) *</pre>	Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		<u> </u>
10. Extended Coverage		<u> </u>
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Farmowners	\$1,047,843	+10%
Line of Insurance		
Does filing only apply to cert	ain territory (territory	ories) or certain
classes? If so, specify: Char	ige applies to all ter	ritories and all
classes.		
Brief description of filing:	(If filing follows ra-	tes of an advisory
organization, specify organization	ation). Pate Pevigion	n for Farmowners
Program	retory	I IOI I GIMOWIGID
-1031am		-
		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUN 1 6 2005

SPRINGFIELD, ILLINOIS

Meridian Citizens Mutual Insurance Company

Name of Company Suzanne Fearnow Personal Lines Staff

Official - Title

R29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	9-1-2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
	_	
Liability Other Than Auto		
	_	
5. Glass		
10. Extended Coverage		
14. Crop Hail	70.500	
15. Other Commercial Property Line of Insurance	72,593	7.3%
Line of insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify	" NO
boos ming only apply to octain territory (terr	nonos, or contain diagges. If go, specify	
Brief description of filing. (If filing follows rate	es of an advisory organization, specify o	rganization): We are filing to adopt
AAIS manual revision 4.0		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	n will result from application of new rates	S.
	Pharmacists	Mutual Insurance Company
		Name of Company
	John Kallan	berger - State Filing Analyst
	John Kellen	Official - Title
		- · · · - · - · · · · · · · · · · · · ·

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 2 0 2005

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Form	(RF-3)	SUMMARY SHEET	()
			9/29/05
(Change in Company's premium or rate	level produced by rate revision effective	New Business 09/01/05
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	\$337,924	+2.2%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire / /////	\$2,429,222	+2.5%
10.	Extended Coverage	\$798,447	+2.4%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Optional Coverages	\$114,030	+3.85%
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
We a	description of filing. (If filing follows re adopting our updated Expense nue to use the Loss Costs from Is	rates of an advisory organization, specify of Mulitpliers, and made revision to SO Filing	organization): Modifiers. We will

- * Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAY 1 6 2005

SPRINGFIELD, ILLINOIS

SAFECO Insurance Company of Illinois Name of Company

Jon Snyder, Product Manager Official - Title

H29219D

Change in Company's premium or rate level produced by rate revision effective 08/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial	,	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Farm ranch Line of Insurance	0	0

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

The Travelers Indemnity Company

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

See Filing Memorandum

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Name of Company

Second Vice President

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPPR

STATE OF ILLINOIS

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 08/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Farm ranch	0	0
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

See Filing Memorandum

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of Connecticut

Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS

Second Vice President

Official - Title

SPRINGFIELD. ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 08/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		<u></u>
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		***
15.	Other Farm ranch	0	0
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

See Filing Memorandum

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of America

Name of Company

DIVISION OF INSUFACE STATE OF ILLINOIS/ICEPH OF ILLINOIS/ICEPH OF ILLINOIS/ICEPH OF ILLINOIS SPRINGFIELD, ILLINOIS

Second Vice President

Official - Title

SPRINGFIELD, ILLINOIS

Form	(RF-3)	NEURANDE SUMMARY SHEE	CT .
	Change in Company's production rate	level produced by rate revision effective	8/1/2005 New Business 10/1/2005 Renewals
	(1) Coverage SPRINGF	8 2005 (2) (2) (2) (ELD, ILLANOISPremum Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	A1 (71 500	C (0)
15.	Other Commercial Umbrella Line of Insurance	\$1,671,508	5.6%
Does :		rritories) or certain classes? If so, specify	:
		rates of an advisory organization, specify ting Plan charges for Apartments/Condon Pools.	
* A	djusted to reflect all prior rate changes hange in Company's premium level wh	nich will result from application of new ra	ates.
		Truck Insurance Exc	hange
			e of Company
		Paul Bruemmer	
		Commercial Pricing	Director
			ficial - Title

H29219D

	Change in Company's premium	,	-	
		(2)	(3)	
		Annual Premium	Percent	
1.	Automobile Liebility	Volume (Illinois)	Change (+ or -)	
١.	Automobile Liability Private Passenger			
	Commercial			
2.	Automobile Physical Damage Private Passenger			
	Commercial	 		
3.	Liability Other Than Auto			DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
4.	Burglary and Theft			DIVISION OF ILLINOIS/IDEPA
5.	Glass			STATE
6.	Fidelity			0 1 2005
7.	Surety			JUN 2 1 2005
8.	Boiler and Machinery			
9.	Fire			SPRINGFIELD, ILLINOI
10.	Extended Coverage			SPRING
11.	Inland Marine			
12.	Homeowners		<u> </u>	
13. 14.	Commercial Multi-Peril Crop Hail			
15.	Other	11314	-1.1%	
15.	Line of Insurance	11314	-1.1%	
Doe	s filing only apply to certain territor	y (territories) or certain cl	asses? If so, specify: _	N/A
	f description of filing. (If filing follo		rganization, specify orga	nization):
This	filing is a base rate decrease of -1	.1%		
			Twin City Fire I	nsurance Company
	•			of Company
				· · · · •
			Offic	cial - Title

SUMMARY SHEET

•	Change in Company's premium or rate	e level produced by rate revision effective	9-1-05
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		<u> </u>
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial	7,640,531	+0.3%
	Umbrella		
	Line of Insurance		
- 4	***		
	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
		rates of an advisory organization, specify o	rganization):
See (Cover Letter	DIVISION OF INSURANCE	E
		STATE OF FULL STATE OF	• \
	djusted to reflect all prior rate changes		
	hange in Company's premium level wh sult from application of new rates.	JUN 1 4 2005	. 1
16	suit from application of flew fates.	JON T # PAGE	1
		1	
		SPRINGFIELD, ILLING	ois (
		West Bend N	Iutual Insurance Company
			Name of Company

Barb Spalda, AU
Product Development Supervisor
Official - Title

	Change in Company's Premium or rate level produced by rate revision effective		9/1/2005	
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass			
6. 7.	Fidelity Surety			
8. 9. 10.	Boiler and Machinery Fire Extended Coverage			
11. 12.	Inland Marine Homeowners			
13. 14. 15.	Commercial Multi-Peril Crop Hail Other Contractors Businessowners	12,589,332	-1.4%	
	Line of Insurance	,,		
	s filing only apply to certain territory (ter ee Cover Letter	ritories) or certain classes? If so, specify:		
	description of filing. (If filing follows ra	tes of an advisary organization, specify orga	anization):	
	* Adjusted to reflect all prior rate chang * Change in Company's premium level			

** Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company
Name of Company

Lois Ebersold, AU - Staff Underwriter
Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 2 9 2005

SPRINGFIELD, ILLINOIS

H29219D

	Change in Company's Premium or rate level produced by rate revision effective _		9/1/2005	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery		<u>. </u>	
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Businessowners Line of Insurance	5,444,541	-0.8%	
	s filing only apply to certain territory (t ee Cover Letter	erritories) or certain classes? If so, specify:		
	description of filing. (If filing follows	rates of an advisary organization, specify organiza	ation):	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOISIDEPR

JUN 2 9 2005

SPRINGFIELD, ILLINOIS

West Bend Mutual Insurance Company
Name of Company

Lois Ebersold, AU - Staff Underwriter Official - Title

H29219D